



Department of Emergency Communications Pre-Employment Questionnaire



CONFIDENTIAL QUESTIONNAIRE

The Alexandria Police Department conducts background investigations on all potential Department of Emergency Communications candidates, inquiring into their suitability for employment. The information that is requested in this booklet is necessary in order to conduct the investigation.

We require that you provide us with your Social Security Number (SSN) in order to maintain accurate and complete records. The Alexandria Police Department may also use your SSN to make requests for information about you, but only where permitted by law. The information we collect using your SSN will be used for employment purposes only.

The Department of Emergency Communications is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such bases with respect to its activities, programs or policies.

Information we collect about you may also be given to federal, state and local agencies for checking on law violations and other lawful purposes.

The hiring process for employment with the Department of Emergency Communications is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for employment. An overwhelming number of qualified applicants will be competing for a limited number of positions. Our community expects and demands that we employ only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity and credibility.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. The omission of information, or indications of deception, will not be tolerated, and in all probability; will result in your removal from this and future employment processes with this agency.

This agency will not consider individuals for employment who are less than honest and forthright. The information provided will be verified during both the polygraph and the background investigation. Any information that is knowingly withheld will be identified.

INSTRUCTIONS

1. All answers must be handwritten **by the applicant**. Handwriting must be legible, and a black ball point ink pen must be used.
2. **Do not fax this questionnaire, either send it via U.S. Postal Mail or deliver it in person.**
3. Answer all questions completely and accurately. **Incomplete questionnaires WILL NOT be accepted.**
4. Answer each question thoroughly and accurately. **If an item does not apply to you, please write "N/A" so that it is understood it was not overlooked.**
5. If additional space is needed, use a full separate piece of paper to complete your answer(s) and attach it to the corresponding question(s). You may put multiple answers on a single sheet as long as your answer is numbered to correspond with the question.
6. **Please staple the packet prior to turning it in. Packets must be securely fastened.**
7. If you have any contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the selection process, immediately notify the Personnel & Training Hiring Coordinator.

Intentional omissions or falsification of **ANY** material fact is the just cause for disqualification or dismissal of an applicant on the grounds of dishonesty.

Should you need clarification regarding this questionnaire, please contact me at 703-838-4730.

I. GENERAL INFORMATION

PERSONAL INFORMATION

Full Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

E-Mail Address: _____ @ _____

Social Security Number: ____ - ____ - ____

Date of Birth: ____ - ____ - ____

City, State and County or Country of Birth:

Are you a U.S. Citizen: Yes No

If you are accepted for employment and not born in the United States or its territories you will be required to show one of the following:

1. Proof of Naturalization
2. U.S. Employment Authorization Document
3. Alien Registration Card

Which document do you have? _____

Certificate or Card # _____

Place of issue _____

List other names that you have used (previous married name, adoption, Court change, nicknames, etc.):

PHYSICAL DESCRIPTION

Race: _____ Sex: _____ Age: _____ Height: _____

Weight: _____ Eyes: _____ Hair Color: _____

CURRENT AND FORMER ADDRESSES

List complete addresses for the past five years, to include college addresses. **List current address first.**

Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ to _____

Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ to _____

Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ to _____

Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ to _____

Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ to _____

EDUCATION

High Schools/Vocational Schools

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended: From _____ to _____

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended: From _____ to _____

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended: From _____ to _____

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended: From _____ to _____

Do you have a G.E.D.? Yes No

What is your graduation date from High School? _____

COLLEGES/UNIVERSITIES

Do you have a college/university degree? Yes No

Type of Certification: AA BA BS MA MS Other

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

What is/was your major field of study? _____

What is/was your minor field of study? _____

COLLEGES/UNIVERSITIES ATTENDED

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended From: ____ - ____ - ____ to ____ - ____ - ____

Number of credits earned: _____ Degree earned: _____ Final GPA: _____

Date degree earned: _____

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended From: ____ - ____ - ____ to ____ - ____ - ____

Number of credits earned: _____ Degree earned: _____ Final GPA: _____

Date degree earned: _____

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended From: ____ - ____ - ____ to ____ - ____ - ____

Number of credits earned: _____ Degree earned: _____ Final GPA: _____

Date degree earned: _____

School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates Attended From: ____ - ____ - ____ to ____ - ____ - ____

Number of credits earned: _____ Degree earned: _____ Final GPA: _____

Date degree earned: _____

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes No

If yes, explain:

MILITARY STATUS

Are you registered with the Selective Service System? Yes No

Selective Service # _____

(Almost all males that are U.S. Citizens or aliens must register with Selective Service upon their 18th birthday through 25 years of age. Your Selective service number can be obtained on the website www.sss.gov)

If the following questions do not apply to you, put N/A in the response lines.

Have you ever served in the Armed Forces of the U.S.? (Includes Merchant Marines)

Yes No

If yes, branch of service(s) _____

Service Number(s) _____

Dates of Service:

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Type of discharge: _____

Do you have any current Military obligation? Yes No

Active Inactive

Date Reserve obligation started and is scheduled to terminate:

From _____ to _____

If you have a Reserve obligation, provide your reserve organizations name and address below.

Organization: _____

Address: _____

Supervisor: _____

Business phone: _____

Were you ever subject to any disciplinary action (including Article 15's, Captain's Masts, Page 11's or any other type of written reprimands) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes No

If yes, describe in detail:

Have you ever been denied/refused entrance to any of the U.S. Armed Forces?

Yes No

If yes describe in detail:

Have you ever been AWOL?

Yes No

If yes, describe in detail (to include dates):

If you were injured in the Military and as a result, were medically discharged, have you separated from disability? Yes No

If yes, describe in detail to include date of separation from disability:

If addition space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

PERSONAL REFERENCES

Provide the **complete** names and addresses for 3 professional references and 3 character references (not related to you by blood or marriage) that are not listed elsewhere in this packet. **Please indicate Mr., Mrs., Ms., Dr., etc.**

PROFESSIONAL

Name: _____

Position Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Email address: _____

How long have you know this person: _____

Name: _____

Position Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Email address: _____

How long have you know this person: _____

Name: _____

Position Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Email address: _____

How long have you know this person: _____

CHARACTER

Name: _____

How long have you know this person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email address: _____

Occupation: _____

Name: _____

How long have you know this person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email address: _____

Occupation: _____

Name: _____

How long have you know this person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email address: _____

Occupation: _____

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

CURRENT EMPLOYMENT HISTORY

Provide complete titles, names and addresses for all positions.

Current Employer: _____

Address: _____

City _____ State _____ Zip code _____

Full-time Part-time Internship Volunteer

Dates of employment: From _____ To _____

Salary: \$ _____ Current Position _____

Reason for leaving:

Supervisor's full name, title, contact phone number, and email address:

Current Employer: _____

Address: _____

City _____ State _____ Zip code _____

Full-time Part-time Internship Volunteer

Dates of employment: From _____ To _____

Salary: \$ _____ Current Position _____

Reason for leaving:

Supervisor's full name, title, contact phone number, and email address:

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

PREVIOUS EMPLOYMENT HISTORY

List **all** places of employment for the last 10 years even if they were listed on your application. **Must** provide complete address information.

Employer: _____

Address: _____

City _____ State _____ Zip code _____

Full-time Part-time Internship Volunteer

Dates of employment: From _____ To _____

Salary: \$ _____ Current Position _____

Reason for leaving:

Supervisor's full name, title, contact phone number, and email address:

Employer: _____

Address: _____

City _____ State _____ Zip code _____

Full-time Part-time Internship Volunteer

Dates of employment: From _____ To _____

Salary: \$ _____ Current Position _____

Reason for leaving:

Supervisor's full name, title, contact phone number, and email address:

Employer: _____

Address: _____

City _____ State _____ Zip code _____

Full-time Part-time Internship Volunteer

Dates of employment: From _____ To _____

Salary: \$ _____ Current Position _____

Reason for leaving:

Supervisor's full name, title, contact phone number, and email address:

Employer: _____

Address: _____

City _____ State _____ Zip code _____

Full-time Part-time Internship Volunteer

Dates of employment: From _____ To _____

Salary: \$ _____ Current Position _____

Reason for leaving:

Supervisor's full name, title, contact phone number, and email address:

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

MOTOR VEHICLE AND LICENSE INFORMATION

Has your automobile insurance ever been cancelled? Yes No

If yes, explain:

Have you ever been denied automobile insurance? Yes No

If yes, explain:

Please provide the information below on all driver's licenses that have been issued to you. **List current license first:**

Number: _____ State: _____ Type: _____

Is this license valid? Yes No

Expiration Date: _____ Restrictions: _____

Number: _____ State: _____ Type: _____

Is this license valid? Yes No

Expiration Date: _____ Restrictions: _____

Number: _____ State: _____ Type: _____

Is this license valid? Yes No

Expiration Date: _____ Restrictions: _____

Has your license or privilege to operate a motor vehicle ever been suspended or revoked for any non-medical reason? Yes No

If yes, please explain: (Include dates, location, disposition etc.)

Have you ever been detained, arrested or charged with DUI/DWI? Yes No

If yes, please explain (Include date, location, arresting agency and disposition):

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license? _____

Have you ever received a "Warning Letter" from the Motor Vehicle Administration/Department of Motor Vehicles that your license or vehicle registration could or would be cancelled, suspended or revoked? Yes No

If yes please explain (Include reason, dates, agency, disposition etc.):

Do you currently have any outstanding parking tickets that have not been paid?

Yes No

If yes, please explain (Include dates, agency, number of tickets etc.):

Have you ever obtained or possessed a falsified, fictitious driver's license or any other false identification? Yes No

If yes, please explain in detail to include reason for possession:

TRAFFIC VIOLATIONS

List all traffic violations. This should include each time you were stopped by a law enforcement officer and/or issued one of the following; summons, mail in fine, mandatory court appearance or written/verbal warning. Also include any red light camera violations:

Violation: _____ Date: _____

Location of Violation (State): _____

Issuing Agency: _____

Paid Fine? Yes No Written Warning Verbal Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

Violation: _____ Date: _____

Location of Violation (State): _____

Issuing Agency: _____

Paid Fine? Yes No Written Warning Verbal Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

Violation: _____ Date: _____

Location of Violation (State): _____

Issuing Agency: _____

Paid Fine? Yes No Written Warning Verbal Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

Violation: _____ Date: _____

Location of Violation (State): _____

Issuing Agency: _____

Paid Fine? Yes No Written Warning Verbal Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

List all motor vehicle accidents. This includes motor vehicle accidents reported to a law enforcement officer as well as those that were not. It also includes accidents that occurred on private property as well as on a public roadway.

Date of Accident: _____ Location: _____

Any injuries? Yes No

Was the accident reported? Yes No

Did you file a claim with an insurance company? Yes No

Were you issued a: Summons Mail in fine Mandatory Court Appearance
If a fine was imposed, was it paid? Yes No

Courts Findings: Guilty Not Guilty Traffic School Other
Explanation:

Date of Accident: _____ Location: _____

Any injuries? Yes No

Was the accident reported? Yes No

Did you file a claim with an insurance company? Yes No

Were you issued a: Summons Mail in fine Mandatory Court Appearance
If a fine was imposed, was it paid? Yes No

Courts Findings: Guilty Not Guilty Traffic School Other
Explanation:

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

II. BACKGROUND INFORMATION

EMPLOYMENT HISTORY INFORMATION

If you answer “yes” to any of the questions below, give full details including the name and address of each employer, approximate dates and the circumstances in each case.

Have you ever been discharged/terminated/fired or disciplined by any employer?

Yes No

If yes, please explain:

Have you ever been the subject of a citizen, client or co-worker’s formal complaint?

Yes No

If yes, please explain:

Have you resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason?

Yes No

If yes, please explain:

Have you ever resigned from a job by mutual agreement following allegations or misconduct?

Yes No

If yes, please explain:

Have you ever walked off a job without giving proper notice? Yes No

If yes, please explain:

Have you ever resigned from a job by mutual agreement following allegations of unsatisfactory work performance? Yes No

If yes, please explain:

Have you ever stolen anything from any of your employers? Yes No

If yes, please explain supplying dates, items, and approximate values:

Have you ever used illegal drugs while working on any job? Yes No

If yes, please explain supplying type of drug, how used and date:

Have you ever committed any other crimes (even ones that went undetected) while on any job you ever held? Yes No

If yes, please explain:

Have you had any extended work absences (to include suspensions) for reasons other than medical or earned vacations? Yes No

If yes, please explain:

Have you ever consumed alcohol while on duty at any job? Yes No

If yes, please explain:

If additional space is needed at any time, please insert a full sheet of paper to the end of this questionnaire.

DRUG EXPERIMENTATION AND HISTORY

Have you **ever** smoked, experimented, tasted, used, tried, injected, sniffed or been exposed to any of the following: (non prescription usage)

Marijuana/Hashish? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Cocaine? (In any form) Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Opium Derivative (Heroin, morphine, codeine, etc.without a prescription)? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Amphetamines/Speed? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Barbiturates/Reds/Downers? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Inhalants (Glue, solvents, aerosols, whippets, etc.)?

Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Anabolic Steroids?

Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Hallucinogenic (LSD, PCP, mushrooms, ecstasy, ketamine, Special K, Salvia/Sally D etc.)?

Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Quaaludes, Valium Darvocet, Dilaudid, Percocet?

Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Any other drug/narcotic not specifically listed above?

Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

Have you ever purchased any of the above listed substances? Yes No

If yes, include dates you started/stopped purchasing the drug and maximum number of times the drug was purchased:

Have you ever used a prescription medication that was not prescribed for you? Yes No

If yes, please explain in full detail:

Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotics for yourself or anyone else? Yes No

If yes, please explain in full detail:

Have you ever made any money or profit in any way from your involvement in drugs/narcotics? Yes No

If yes, please explain in full detail:

If additional space is needed at any time, please attach a full sheet of paper at the end of this questionnaire.

ALCOHOL RELATED ACTIVITIES

Have you ever:

Been arrested or charged for committing any alcohol related violations? Yes No

If yes, please explain giving **full** details to include dates and locations:

Been issued a civil/criminal citation for any type of alcohol related violation?

Yes No

If yes, please explain giving **full** details to include dates and locations:

Purchased or provided alcohol for a person under the age of 21?	Yes	No

If yes, please explain giving **full** details to include dates and locations:

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

CRIMINAL ARRESTS/SUMMONS/WARRANTS

Have you ever been arrested, interviewed, interrogated, detained, indicted, convicted, received a civil citation or received a criminal citation by a law enforcement agency (including military or campus police and security agencies)? Yes No

If yes, describe in detail to include date, reason, agency and disposition:

Do you currently have or have had any pending criminal/civil charges by any law enforcement authority? Yes No

Are you currently on bail or out on personal recognizance or other conditional release for any reason? Yes No

Have you ever been or are currently on probation or parole? Yes No

If yes to any of the above, provide full details:

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? Yes No

If yes, please explain:

Have you ever been issued/served with a bench warrant, ex parte order, arrest warrant, protection from abuser order, magistrate/district court criminal summons or court papers for any type of court appearance? Yes No

If yes, please explain:

Have you ever been convicted of a criminal offense, to include petty offense citations (i.e. underage drinking, noise violations)? Yes No

If yes, please explain:

Have you ever had any record(s) expunged, sealed, closed? Yes No

If yes, please explain and attach documentation:

Have you ever had any record(s) pardoned? Yes No

If yes, please explain:

Have you ever received a stet docket, probation before judgment or received an imposition of sentence? Yes No

If yes, please explain:

The next set of questions require a “Yes” or “No” answer. All “Yes” answers require a complete explanation; add additional sheets of paper as needed.

I (applicant) fully understand that if I fail to give a detailed explanation, my questionnaire will be considered incomplete and I will **NOT** be given further consideration.

Please circle:

Yes No

Have you ever committed or conspired to commit any of the below acts:

Lied or committed perjury in court or other judicial proceedings?	Yes	No
Lied to anyone of authority ?	Yes	No
Caused bodily injury to anyone as a result of a fight?	Yes	No
Knowingly received stolen property?	Yes	No
Committed an act of robbery?	Yes	No
Committed an act of theft/larceny?	Yes	No
Falsified or lied on an employment application?	Yes	No
Conspired with anyone to commit an illegal act or crime of any kind?	Yes	No
Been accused or arrested for domestic violence or spousal abuse?	Yes	No
Been arrested for elder abuse?	Yes	No
Slapped, pushed or struck your current dating partner, previous dating partner, spouse, girlfriend, boyfriend or significant or social companion?	Yes	No
Been questioned by the Police as a suspect or witness as part of a criminal or traffic investigation?	Yes	No
Been a lookout or driver for someone else while they committed a crime or criminal act of any kind?	Yes	No
Falsely reported a crime or knowingly gave erroneous or misleading information to a Police Officer	Yes	No
Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason?	Yes	No
Allowed your car to be used in the commission of a crime?	Yes	No
Knowingly committed a weapons violation of any kind?	Yes	No

Been a member of a street/motorcycle gang?	Yes	No
Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being?	Yes	No
Committed a crime for which you were not caught or arrested?	Yes	No
Been an officer or member or made a contribution to an organization dedicated to the illegal overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?	Yes	No
Knowingly engaged in any acts or activities designed to overthrow the United States Government?	Yes	No

Been a member of any organization and/or adhere to any belief which would in any way:

Restrict or prohibit you from working on particular days or hours?	Yes	No
Restrict you from conforming to departmental standards of appearance and or grooming?	Yes	No
Been involved in manufacturing, transporting and/or detonation of any type of bomb, molotov cocktail, explosive or other incendiary device?	Yes	No
Knowingly filed a false/fraudulent insurance claim regarding a traffic accident?	Yes	No
Been a victim or complainant in any crime or incident?	Yes	No
Been bonded or refused bond upon application?	Yes	No
Been issued or denied a permit/license to carry a handgun or other weapon?	Yes	No
Participated in any incidences involving hazing or rituals?	Yes	No
Set a fire, been involved in an arson, a reckless burning or similar conduct?	Yes	No
Called in a false alarm, fire or bomb threat?	Yes	No
Committed the act of stalking?	Yes	No

Committed an act of peeping tom?	Yes	No
Misused or threatened anyone via the telephone?	Yes	No
Trespassed?	Yes	No
Harassed or threatened anyone?	Yes	No
Impersonated a Police Officer?	Yes	No
Used anyone's vehicle without his or her permission?	Yes	No
Intentionally damaged another person's property?	Yes	No

Please remember that all "yes" answers require an explanation on a full sheet of paper. Omissions, either intentional or unintentional, are grounds for removal from the hiring process.

MISCELLANEOUS QUESTIONS

Have you ever been a defendant or plaintiff in a civil case (i.e. been sued or sued someone)? Yes No

If yes, give case number, court, location, reason for case and disposition:

Have you ever been the subject of a Protection Order or filed a Protection Order against another person to include family members/domestic issues? Yes No

If yes, provide dates, reasons, agency and disposition:

Have the Police ever been called to any home/residence in which you lived? Yes No

If yes, provide dates, reasons, agency and disposition:

Have you ever been arrested, interviewed, detained or convicted by **ANY** law enforcement agency/Court? (to include college, military, etc.) Yes No

If yes, provide dates, reasons, agency and disposition.

To your knowledge has your spouse/significant other/current dating partner ever been arrested, interviewed, detained or convicted by ANY law enforcement agency/Court? (to include college, military, etc.)

Yes No

If yes, provide dates, reasons, agency and disposition.

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

**CURRENT AND FORMER APPLICATIONS WITH THIS AGENCY AND ANY
OTHER AGENCIES**

You **must** list all law enforcement agencies and fire departments with whom you have applied. List the stages you have completed with each agency (e.g. written exam, oral interview, polygraph, background investigation, physical agility, medical exam, psychological, etc.) also list final status. If you have applied to the same agency more than once, list each time separately. *Also list **each** occasion you applied to the Alexandria Police Department.

Agency: _____

Position for which you applied: _____

Application Date: _____

Most recent stage in their process: _____

Were you denied employment? Yes No

If yes, explain why you were denied:

Agency: _____

Position for which you applied: _____

Application Date: _____

Most recent stage in their process: _____

Were you denied employment? Yes No

If yes, explain why you were denied:

Agency: _____

Position for which you applied: _____

Application Date: _____

Most recent stage in their process: _____

Were you denied employment? Yes No

If yes, explain why you were denied:

Agency: _____

Position for which you applied: _____

Application Date: _____

Most recent stage in their process: _____

Were you denied employment? Yes No

If yes, explain why you were denied:

LANGUAGE SKILLS

Are you able to communicate in any language other than English (including Sign Language)? Yes No

If yes, specify language and to what proficiency:

Provide the names of 2 references that can verify your language skills (other than English):

Name: _____

Phone number: _____ Relationship _____

Name: _____

Phone number: _____ Relationship _____

If additional space is needed at any time, please insert a full sheet of paper to the end of this questionnaire.

INTERNET/ELECTRONIC TRANSMISSIONS

Is there anything in your past that we have not asked, which, if ascertained may prove to be embarrassing to you and/or this Agency if you were employed? These may include, but are not limited to Myspace, Youtube, Facebook, Twitter, etc. or any other sites that any inappropriate image of you may appear? Yes No

If yes, please explain in detail:

Have you ever posed, posted or transmitted nude pictures of yourself or others over a cellular phone or the Internet? Yes No

If yes, provide dates and explain in detail what was transmitted and/or received:

When was the last time that photos of this type were transmitted?

CURRENT AND FORMER POLICE
DEPARTMENT EMPLOYEES

Applicants that have never been employed in a law enforcement agency may skip this section after signing your name below.

I, _____ certify that I have not been employed as a law enforcement employee in any capacity and am intentionally skipping this section.

What law enforcement agency are you currently employed by?

Position held: _____

Date of employment: _____

Reason for leaving:

Name and contact phone number of this Agency's Internal Affairs Section:

What law enforcement agency(s) were you previously employed by?

Date of employment: _____ Date of Separation: _____

Position held: _____

Reason for leaving:

Name and contact phone number of this Agency's Internal Affairs Section:

Have you been the subject of any internal investigations or citizen complaints?

Yes No

If yes, please explain in detail:

Disposition(s):

Have you ever been suspended from the job, for any reason except medical?

Yes No

If yes, please explain:

Have you been subject to any disciplinary actions?

Yes No

If yes, explain in detail:

Have you been involved in any traffic accidents while operating departmental or government vehicles?

Yes No

If yes explain in detail:

How have you been rated on your evaluations?

Explain any performance evaluations of which you received less than satisfactory:

Have you ever been questioned/interviewed/interrogated by your Department's Internal Investigations Unit? Yes No

If yes explain in detail:

Have you ever given an untruthful statement in Court or to your Department's Internal Investigations Unit concerning your job related actions? Yes No

If yes explain in detail:

Have you been investigated by your current/past agency for allegations of domestic violence/spousal abuse? Yes No

If yes explain in detail:

Please explain why you want to leave your current department.



Department of Emergency Communications

Information Certification

I _____, understand and acknowledge that all information and all entries made by me in response to the requested information contained in this questionnaire are true, complete and accurate to the best of my knowledge.

I further understand that if at any time during the course of the background investigation or anytime during my employment in the Department of Emergency Communications, it is discovered that I have made untruthful statements, falsified my employment application, falsified my background questionnaire and/or have give or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Department of Emergency Communications.

Full legal signature of applicant

Date



AUTHORITY FOR RELEASE OF INFORMATION

Name of Applicant _____

Date _____

Social Security Number _____

Selective Service Number _____

This release, when presented by a duly authorized representative of the Alexandria Police Department Personnel & Training Section or the Department of Emergency Communications, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I hereby authorize the release of the following data or records to the Alexandria Police Department and the Department of Emergency Communications.

**EMPLOYMENT INFORMATION
CREDIT INFORMATION
EDUCATIONAL INFORMATION
MEDICAL & MILITARY MEDICAL INFORMATION
SELECTIVE SERVICE INFORMATION
POLICE & CRIMINAL RECORDS
MILITARY SERVICE RECORD INFORMATION**

This authorization is given in connection with a complete field background investigation being conducted relative to my application for, or continued employment with, the Department of Emergency Communications.

Signature _____

Street Address _____

City _____ State _____ Zip Code _____

(REV. 03-10)